IN THE UNITED ST	IAIES PA	IENIA	IND IKADE	EWIARK OFFICE		ME				
In re Patent Application	Atty Dkt.	ARC-9	12-42			ITE				
SEP 1 1 2008	DKt.	C#	M#		K -					
	A.U.	1796			•					
Serial No. 10/716,877	Examiner:	Haider								
Filed: November 20, 2003	Date:	Septer	nber 11, 20	08						
Title: METHOD FOR STABILIZING ACTIVE COM MICROCAPSULE, AND COSMETIC COMP MICROCAPSULE				LYMER						
MIONOON COLL				09/12/2008 WABDELR1 00000021 10716877						
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				01 FC:1253	195	0.00 OP				
Sir:	201105/41	4511014		- D						
This is a response/amendment/letter in the above incorporated by reference and the signature bell signature thereon.	ve-identifie	d applic	ENT/LETTI ation and in signature to	ncludes an attachment which	th is here ence of a	eby ny other				
☐ Correspondence Address Indicat	tion Forr	n Atta	ched.							
Fees are attached as calculated below:										
Total effective claims after amendment previously paid for 20 (at least 20)		nignest x \$50.0	number 0	\$0.00 (1202)/\$0.00 (2	202) \$					
Independent claims after amendment previously paid for 3 (at least 3) =		highest x \$210.	number .00	\$0.00 (1201)/\$0.00 (2	2201) \$					
If proper multiple dependent claims now added	d for first tir	me, (ign	ore imprope	er); add \$370.00 (1203)/\$185.00 (2	203/ \$					
Petition is hereby made to extend the current of paper and attachment(s)	One Two N Three M Four	e Month Month Ea Month Ea	Extension xtensions \$ tensions \$1 Extensions		51) 52) 53) 2254)	1050.00				
Terminal disclaimer enclosed, add				\$130.00 (1814)/ \$65.00 (2	814) \$					
☐ Applicant claims "small entity" status. ☐	] Stateme	nt filed h	nerewith							
Rule 56 Information Disclosure Statement Filin	ng Fee			\$180.00 (18	06) \$	180.00				
Assignment Recording Fee				\$40.00 (80	)21) \$	0.00				
Other:					\$	0.00				
				TOTAL	FEE \$	1230.00				
□ CREDIT CARD PAYMENT FOR	RM ATT	ACHE	D.							
The Commissioner is hereby authorized to char asserted to be filed, or which should have been firm) to our Account No. 14-1140.	rge any <u>de</u> n filed here	<u>ficiency</u> with (or	, or credit a with any pa	ny overpayment, in the fee per hereafter filed in this ap	(s) filed, o	or by this				
901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000		NIXON & VANDERHYE P.C. By Atty: Arthur R. Crawford, Reg. No. 25,327								
Facsimile: (703) 816-4100 ARC:eaw	Sig	nature:		Und. luft						

IN THE UNITED STA	TES PA	TENT A	AND TRADI	EMARK OFFICE							
In re Patent Application of The Residue of The Resi	Atty	ARC-9	12-42								
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RESPONSE/AMENDMENT/LETTER  This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.  Correspondence Address Indication Form Attached.											
Fees are attached as calculated below:											
Total effective claims after amendment 0 previously paid for 20 (at least 20) =		highest x \$50.0	number 00	\$0.00 (1202)/\$0.00 (2202)	\$						
Independent claims after amendment previously paid for 3 (at least 3) =		highest x \$210	t number .00	\$0.00 (1201)/\$0.00 (2201)	\$						
If proper multiple dependent claims now added f	or first tir	ne, (ign	ore imprope	er); add	ው						
Petition is hereby made to extend the current du paper and attachment(s)	One Two M Three M Four	e Month Month E Ionth E: Month	Extension xtensions \$ ktensions \$ Extensions	\$370.00 (1203)/\$185.00 (2203) ing date of this \$120.00 (1251)/\$60.00 (2251) 6460.00 (1252)/\$230.00 (2252) 1050.00 (1253/\$525.00 (2253) \$1640.00 (1254/\$820.00 (2254) 2,230.00 (1255/\$1115.00 (2255)		1050.00					
Terminal disclaimer enclosed, add				\$130.00 (1814)/ \$65.00 (2814)	\$						
☐ Applicant claims "small entity" status. ☐	Stateme	nt filed l	herewith								
Rule 56 Information Disclosure Statement Filing	Fee		-	\$180.00 (1806)	\$	180.00					
Assignment Recording Fee				\$40.00 (8021)	\$	0.00					
Other:					\$	0.00					
				TOTAL FEE	\$	1230.00					
☐ CREDIT CARD PAYMENT FORM											
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